Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IN009403	A. BUILDING: _____ B. WING _____	07/23/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HEALTH NETWORK HOME HEALTH	2510 E DUPONT RD STE 237 FORT WAYNE, IN 46825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This was a state Home Health complaint investigation. Complaint #: IN00131236 - Unsubstantiated: Lack of sufficient evidence Facility #: 009403 Survey Dates: July 22 and 23, 2013 Medicaid vendor #: 200944810FW Surveyor: Miriam Bennett, RN, BSN, PHNS Lutheran Health Network Home Health is in compliance with the Indiana rules for home health agencies 410 IAC Article 17 Rule 12 Sec. 1(m) and Rule 13 Sec. 1(a) as related to this complaint. Quality Review: Joyce Elder, MSN, BSN, RN July 24, 2013	N 000		